

# Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 8/20/14

Street: Stitt and Cass St.

Incident #: 14ISPC007060

Apt, Lot, Room #:

County: Wabash

City: Wabash

## Type of Laboratory Seizure (check one)

- ☒ Lab Seizure  
☐ Chemical Seizure  
☐ Equipment Seizure  
☐ Dumpsite Seizure

## Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open - No Structure  
☒ Vehicle ☐ Business  
☐ Other: \_\_\_\_\_

Apt., hotel, multi-family dwelling: Shared HVAC: ☐ Yes ☐ No ☐ Unknown

## Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ One Pot or Birch Reaction(s): In vehicle  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☐ Flammable Solvents: \_\_\_\_\_  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_
- ☒ Corrosive Acid: In vehicle  
☐ Corrosive Base: \_\_\_\_\_  
☒ Ammonium Nitrate/Sulfate: In vehicle  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check appropriate)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No  
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray  
☐ unclean  
Estimated length of time manufacturing had been occurring: unknown  
Additional Information: \_\_\_\_\_

## Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: David Clifton  
VIN: 2B3KA43GX6H485257  
Year: 2006

Make: Dodge  
Model: Charger  
Color: Silver

## This report has been faxed\* or emailed to the following agencies that serve the location:

Fire Department: Wabash Fire E-mail Fax: \_\_\_\_\_  
Health Department County: Wabash County E-mail Fax: \_\_\_\_\_  
Department of Child Services Hotline: deshotfinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: Ron Fisher Phone 765-473-6666

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.